

Illinois Fire Marshal Tax Worksheet

Calendar Year 2009

FEIN #: _____

Name of Company: _____

| | <u>Line of Business</u> | <u>Premiums Written</u> | <u>Percentage Applicable</u> | <u>Taxable Premium</u> |
|----|---|-------------------------|----------------------------------|----------------------------|
| 1. | *Fire and Allied Lines | _____ | 75% | _____ |
| 2. | **Wind | _____ | 1% | _____ |
| 3. | Total Taxable Premiums (carry forward to Line 1 reverse side) | | | _____ |
| 4. | Fire Marshal Tax Rate | | | x1% |
| 5. | Fire Marshal Tax (carry forward to Line 2, reverse side) | | | _____ |

* The amount shown on Line 1 above **must be identical** to the amount shown on Page 17, Column 2 of the current year Annual Statement on the Fire and Extended Coverage Lines.

** Does the company include crop hail premium on Page 17, Column 2 of the current year Annual Statement on the Wind Line? If so, the amount shown on Line 2 above **must be identical** to the amount shown on Page 17, Column 2 of the current year Annual Statement on the Wind Line; otherwise, leave Line 2 above blank. _____